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☐ **Set up new Direct Deposit**

☐ **Change Direct Deposit**☐ **Cancel Direct Deposit**

**Bank Account Information:**

## □ Checking

You must attach a **voided check** with pre-printed MICR account information, or a *letter or form* from the Bank certifying the ABA number, Account number and MICR information.

☐ **Savings**

You must attach a ***letter or form*** from the Bank certifying the ABA number, Account number and MICR information.

**Name of Bank:** \_\_\_\_\_

Transit ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

*(Please allow 10 business days after receipt by Capital Financial Group, Inc. for bank pre-notification to be complete)*

- **Direct Deposit is available only if your employer uses Electronic Funds Transfer.**
- **Please be sure to provide your SSN or Member ID.**
- **Mail to: Capital Financial Group, Inc.**  
**89 Saratoga Avenue**  
**South Glens Falls, New York 12803**  
**Or fax to: (518) 798-7502**
- **Call Capital Financial Group, Inc. with questions at (518) 793-2885**

### Participant Signature

**Date**